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September 27, 2001

The official Drafts person
Assistant Commissioner for Patents
Washington D.C.
20231
USA

Title: Hinge Mechanism for a limb protector
Application No: 09/380,340
Due Date: 11/02/01

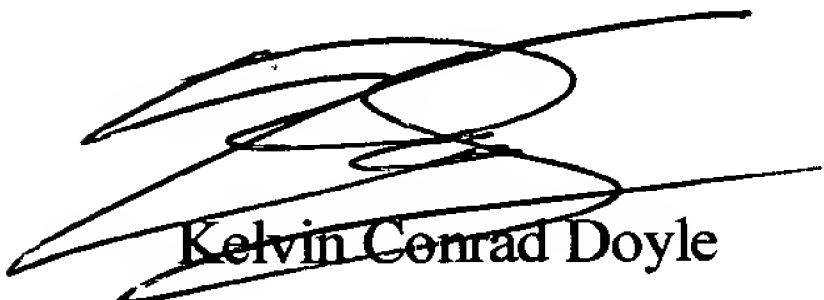
Small Entity: Yes
Fee Due: \$620.00

Dear Sir or Madam:

The fees for \$620.00 for the above patent will be paid by credit card. The copy of the Issue Fee Transmittal has been enclosed with the amended drawing of Figure 2 Of 2 for the above patent.

If you have any queries please contact me on the above numbers.

Kind regards



Kelvin Conrad Doyle

OCT 01 2001

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

(Depositor's name)

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(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/380,340	11/29/99	006	POTHIER, D	3764 08/02/01

First Named Applicant DOYLE, 35 USC 154(b) term ext. = 0 Days.

TITLE OF INVENTION HINGE MECHANISM FOR A LIMB PROTECTOR

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	602-026.000	K07	UTILITY	YES	\$620.00	11/02/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Please check the appropriate assignee category indicated below (will not be printed on the patent)

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